## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

## **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Adult Day Care Facility STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 08/08/2005

Date Investigation Completed: 03/27/2006

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

Date Complaint Received: 05/30/2003

Date Investigation Completed: 08/18/2003

Subject Area(s)
ADMINISTRATION

NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.